## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#746858**

FILED Jan 12, 2009 Secretary of State

Entity Name: NORMANDY J ASSOCIATION, INC.

Current Principal Place of Business:				New Principal Place of Business:			
15300 JOG SUITE 109 DELRAY BI	RD EACH, FL 334	46 US		15300 JOG	ON LANDSCAPIN RD. SUITE 109 EACH, FL 33446		EMENT CORP
Current Mailing Address:				New Mailing Address:			
15300 JPA RD. SUITE 109 DELRAY BEACH, FL 334461 US				C/O WILSON LANDSCAPING AND MANAGEMENT CORP 15300 JOG RD. SUITE 109 DELRAY BEACH, FL 33446 US			
FEI Number:	59-1953437	FEI Number Applied Fo	or ( ) FEI Nur	mber Not Appli	icable ( ) Ce	ertificate of Status	Desired ( )
Name and	Address of C	urrent Registered A	gent:	Name and	Address of New	Registered Ag	ent:
WILSON, DANNY WILSON MANAGEMENT 15300 JOG RD SUITE 109 DELRAY BEACH, FL 33446 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE:							
	Electroni	c Signature of Registe	ered Agent			Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P () COHEN, LESTER 460 NORMANDY DELRAY BEACH	J		Title: Name: Address: City-St-Zip:	( ) Cha	ange ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( ) I KALTER, AL 461 NORMANDY DELRAY BEACH			Title: Name: Address: City-St-Zip:	VP (X) Ch LAUFER, SHIRLEY 438 NORMANDY J DELRAY BEACH, F		
Title: Name: Address: City-St-Zip:	S ()  KRULEWITZ, ZE 466 NORMANDY DELRAY BEACH	J		Title: Name: Address: City-St-Zip:	( ) Cha	ange ( ) Addition	
Title: Name: Address: City-St-Zip:	VP () I LAUFER, SHIRL 438 NORMANDY DELRAY BEACH	J		Title: Name: Address: City-St-Zip:	T (X) Ch GAIT, HILARY 447 NORMANDY J DELRAY BEACH, F		
Title: Name: Address: City-St-Zip:	T () I WEINER, SHIRL 439 NORMANDY DELRAY BEACH	J		Title: Name: Address: City-St-Zip:	D (X) Ch WEINER, SHIRLEY 439 NORMANDY J DELRAY BEACH, F		
Title: Name: Address: City-St-Zip:	D () I EISENBERG, AL 473 NORMANDY DELRAY BEACH	J		Title: Name: Address: City-St-Zip:	( ) Cha	ange ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LESTER COHEN P 01/12/2009